



Superior Court of California
County of San Diego
FAMILY COURT SERVICES

M. PATRICIA CHAVEZ-FALLON
DIRECTOR

PLEASE REPLY TO:

☐ 1555 6TH AVENUE
SAN DIEGO, CA 92101-3294
(619) 236-2681

☐ COURTHOUSE
325 S. MELROSE DR.,
VISTA, CA 92081-6636
(760) 940-4433

☐ 250 EAST MAIN ST., RM 2-E
EL CAJON, CA 92020-3941
(619) 441-4387

☐ 500 3RD AVENUE
CHULA VISTA, CA 91910-5649
(619) 691-4455

Dear Guardianship Client:

If you are seeking guardianship of a child to whom you are related, you must file several documents and pay an investigation fee in order for Family Court Services to begin the guardianship investigation. You can avoid needless delays in processing your guardianship matter by expeditiously returning these documents to Family Court Services. The required documents are listed on the following page.

Place your name in the space provided at the top of page four and, if there is a proposed co-guardian, place the other party's named at the top of page five. If you need more space for an answer, write "Over" and use the backside of the page.

You may not know some of the information requested at this time. Please place a question mark at such places. You may also make a note of such requested information and bring your responses with you to your interview at Family Court Services. We will be seeking information regarding the social history of the proposed guardians, parents and children as is required by State Law.

Information provided on this questionnaire, in the family interview(s), in other submitted comments and from investigative sources, will be used to prepare a family social history, evaluation and recommendation to the Court. This report will then be placed in a sealed court file. Copies will be issued to the proposed guardians, parents and their respective attorneys.

If you have questions regarding the Family Court Services Investigation process, or concerns regarding appointments, you may call the Guardianship Clerk at the appropriate number listed above.

The Proposed Guardians are responsible for notifying the parents, if possible, regarding the Family Court Services intake appointment.

The parents do not have to be present unless they are contesting the guardianship or wish to provide information in support of it. Any adult living in the home and acting in a parental role should be present for the interview.

Do not bring the children. A subsequent appointment will be scheduled should the investigator need to interview the children. Family Court Services cannot guarantee childcare so a caretaker should also accompany the children.

Thank you for your timely assistance in processing this guardianship.

Respectfully yours,

M. Patricia Chavez-Fallon Director



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**NOTICE TO PETITIONERS IN GUARDIANSHIP MATTERS
(PROBATE CODE SECTIONS 1513 AND 1513.1)**

If you are filing for the Guardianship of a child to whom you are related, you are required to pay \$800 to the County of San Diego for the Guardianship Investigation. The fee may be waived, reduced or payments arranged in cases of extreme hardship.

In order to begin the investigation process, the following documents must be filed in the business office of the appropriate courthouse and the copies submitted to Family Court Services, at the corresponding address listed above, prior to scheduling an investigation date:

1. Petition for Appointment of Guardian of: Minor(s) Only (Form GC-210)
2. Order Directing Investigation signed by Judge of the Superior Court (Form SDSC PR-63)
3. Declaration Under the Uniform Child Custody Jurisdiction Act (UCCJA) (Form FL-105/GC-120)
4. The fee of \$800, payable to the Clerk of the Superior Court or Order on Application for Waiver of Court Fees and Costs for FCS Investigation Fees Only (Form SDSC CIV-23). Fees can be paid at the Family Court Services office at 1555 6th Avenue, 2nd Floor, San Diego or in Vista at 325 S. Melrose Dr.,. FCS investigation appointment cannot be scheduled without receipt of payment.
5. Completed Guardianship Questionnaire (Form SDSC FCS-45)

You may mail the information to the above address. If the investigation fee is included, it may be mailed to the San Diego office at 1555 6th Avenue, 2nd Floor, San Diego, California 92101 or to the Vista office at 325 S. Melrose Dr., Vista, California 92081-6636. You may also walk-in and drop your paperwork off from 8 a.m. - 12 p.m. and 1 p.m. to 5 p.m. Monday through Friday.

**FAMILY COURT SERVICES
GUARDIANSHIP QUESTIONNAIRE**

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO FAMILY COURT SERVICES BY _____

Your appointment will not be set until this form has been returned to Family Court Services.

COUNSELOR _____ PROBATE NO. _____

COURT DATE _____ FCS DATE _____

I. MINOR CHILDREN LISTED ON GUARDIANSHIP PETITION:

	<u>Full Legal Name(s)</u>	<u>Birth Date</u>	<u>Soc.Sec.#</u>	<u>School & Grade</u>
1)	_____	____/____/____	_____	_____
2)	_____	____/____/____	_____	_____
3)	_____	____/____/____	_____	_____
4)	_____	____/____/____	_____	_____

II. (PROPOSED) GUARDIAN(S):

1. Full Name _____ AKA or Maiden name _____

Address _____

Apt. City State Cty.

Phone Numbers: Home (____) _____ Work (____) _____

Social Security No. _____ Birth Date ____/____/____ Place of Birth _____

Driver License No. _____ State _____ Race _____

Relationship to Children on Petition _____ Maternal/Paternal (circle one)

2. Full Name _____ AKA or Maiden name _____

Address _____

Apt. City State Cty.

Phone Numbers: Home (____) _____ Work (____) _____

Social Security No. _____ Birth Date ____/____/____ Place of Birth _____

Driver License No. _____ State _____ Race _____

Relationship to Children on Petition _____ Maternal/Paternal (circle one)

Attorney for Proposed Guardian(s)

Name _____ Address _____ Phone _____

III. PARENTS OF MINORS: (Full legal names) If one of the natural parents has died, please mark "Deceased" for that person's address and add the date of death, if known.

1. Full Name _____ AKA or Maiden name _____
Address _____
Apt. City State Cty.
Phone Numbers: Home () _____ Work () _____
Social Security No. _____ Birth Date ____ / ____ / ____ Place of Birth _____
Driver License No. _____ State _____ Race _____
Relationship to Children on Petition _____
Attorney:
Name _____ Address _____ Phone _____

2. Full Name _____ AKA or Maiden name _____
Address _____
Apt. City State Cty.
Phone Numbers: Home () _____ Work () _____
Social Security No. _____ Birth Date ____ / ____ / ____ Place of Birth _____
Driver License No. _____ State _____ Race _____
Relationship to Children on Petition _____
Attorney:
Name _____ Address _____ Phone _____

3. Full Name _____ AKA or Maiden name _____
Address _____
Apt. City State Cty.
Phone Numbers: Home () _____ Work () _____
Social Security No. _____ Birth Date ____ / ____ / ____ Place of Birth _____
Driver License No. _____ State _____ Race _____
Relationship to Children on Petition _____
Attorney:
Name _____ Address _____ Phone _____

4. Full Name _____ AKA or Maiden name _____
Address _____
Apt. City State Cty.
Phone Numbers: Home () _____ Work () _____
Social Security No. _____ Birth Date ____ / ____ / ____ Place of Birth _____
Driver License No. _____ State _____ Race _____
Relationship to Children on Petition _____
Attorney:
Name _____ Address _____ Phone _____

IV. HOUSEHOLD COMPOSITION:

IV-A List other adults 18 or older residing in your home. Indicate if they are acting in a parental role with the children (Any individuals so indicated will be required to participate in the investigation and hearing)

NAME: _____ Other Names Used _____

Birth Date ____ / ____ / ____ Birth Place _____ Sex _____

Driver's License No. _____ State _____ Social Security No. _____

Home Phone _____ Work Phone _____

Relationship to Applicant _____ Relationship to Child _____

NAME: _____ Other Names Used _____

Birth Date ____ / ____ / ____ Birth Place _____ Sex _____

Driver's License No. _____ State _____ Social Security No. _____

Home Phone _____ Work Phone _____

Relationship to Applicant _____ Relationship to Child _____

NAME: _____ Other Names Used _____

Birth Date ____ / ____ / ____ Birth Place _____ Sex _____

Driver's License No. _____ State _____ Social Security No. _____

Home Phone _____ Work Phone _____

Relationship to Applicant _____ Relationship to Child _____

NAME: _____ Other Names Used _____

Birth Date ____ / ____ / ____ Birth Place _____ Sex _____

Driver's License No. _____ State _____ Social Security No. _____

Home Phone _____ Work Phone _____

Relationship to Applicant _____ Relationship to Child _____

IV-B. List other children under age 18 living in your household:

Name _____ Birth Date ____ / ____ / ____ Soc.Sec.# _____ School _____

Name _____ Birth Date ____ / ____ / ____ Soc.Sec.# _____ School _____

Name _____ Birth Date ____ / ____ / ____ Soc.Sec.# _____ School _____

Name _____ Birth Date ____ / ____ / ____ Soc.Sec.# _____ School _____

Your Name: _____ Relationship: _____
(Please Print)

V. LAW ENFORCEMENT INFORMATION:

Have charges ever been filed against you for crimes other than minor traffic citations?

Yes ☐ No ☐ If yes, please explain:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are you on parole or probation? Yes ☐ No ☐

Parole or Probation Officer's name: _____ Phone () _____

Have you or anyone living in your home ever been accused of child abuse or child molestation?

Yes _____ No _____ If yes, please explain:

VI. YOUR EDUCATION:

Highest grade completed _____. Graduated High School? Yes ☐ No ☐ Year _____

License(s) or Credential(s) received: _____

College degree(s) received: _____

VII. YOUR EMPLOYMENT:

A. Employed by _____ B. Capacity/Job Title _____

C. Length of employment _____ D. Salary _____

E. Supervisor's name, address and phone number _____

VIII. YOUR HEALTH:

Name of your health insurance plan _____

Present health status: Good ☐ Fair ☐ Poor ☐

If fair or poor, explain: _____

Are you taking any medication? Yes ☐ No ☐

If yes, what kind and for what reason(s) _____

Special health problems: _____

Have you ever had any problem with the following? Alcohol: Yes ☐ No ☐

Drugs: Yes ☐ No ☐ Mental/Emotional Problems: Yes ☐ No ☐

If yes, what is your current condition regarding this problem? _____

Professional Practitioners: (Medical doctors, psychotherapists, counselors who may have treated you within the past two years.)

<u>Name and Title</u>	<u>Last Contact</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Name: _____ Relationship: _____
(Please Print)

V. LAW ENFORCEMENT INFORMATION:

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Yes ☐ No ☐ If yes, please explain:

VI. YOUR EDUCATION:

Highest grade completed _____. Graduated High School? Yes ☐ No ☐ Year _____

License(s) or Credential(s) received: _____

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A. Employed by _____ B. Capacity/Job Title _____
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E. Supervisor's name, address and phone number _____

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Name of your health insurance plan _____

Present health status: Good ☐ Fair ☐ Poor ☐

If fair or poor, explain: _____

Are you taking any medication? Yes ☐ No ☐

If yes, what kind and for what reason(s) _____

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Have you ever had any problem with the following? Alcohol: Yes ☐ No ☐

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If yes, what is your current condition regarding this problem? _____

Professional Practitioners: (Medical doctors, psychotherapists, counselors who may have treated you within the past two years.)

<u>Name and Title</u>	<u>Last Contact</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IX. FAMILY FINANCES:

- A. Residence: Owned? ☐ Rented? ☐ How Long? _____ Monthly Cost \$ _____ Value _____
Approximate size _____ sq.ft. Number of bedrooms _____. Number of bathrooms _____
- B. Other major assets or real property? Please List _____

- C. Income: List source(s) and amount(s): _____

X. PLANS FOR CHILD CARE: (If necessary) _____

Care Provider(s):

Name _____	Address _____
Phone _____	Relationship to child _____ Hours _____
Name _____	Address _____
Phone _____	Relationship to child _____ Hours _____

XI. SUMMARY OF CIRCUMSTANCES:

1) Briefly summarize the reasons why this guardianship is being requested by you. You may attach declarations which are being provided to the Court in this regard.

2) If more than one person is competing for custody of the child(ren), give reason why you should be primarily responsible for the children.

3) At your Family Court Services appointment we will be seeking information from you regarding the history of the proposed guardians, the natural parents, and the child(ren). You may assist that process by writing down, here or on separate paper, relevant information regarding your family's history and composition, your education and work experience, the child(ren)'s activities, schooling, special needs, visitation with other family members, and anything else you think is important for the children. You may, if you want, bring such information with you for your interview.

I declare under penalty of perjury under the laws of the St of California that all of the information I have submitted in this Guardianship Questionnaire is true and correct.

Date

Print Name

Signature